

Trauma Advisory Council

April 20, 2010

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Alvin Simmons
Dr. Charles Mabry
Dr. Clint Evans
Dr. James Graham
Ruth Baldwin
Jeremy Stogner
K. C. Jones
Mary Aitken
R. T. Fendley
Robert Atkinson
Robert Williams
Ron Peterson
Terry Collins
Vanessa Davis
Dr. Barry Pierce
James Carter
Jon Wilkerson
Ken Kelley
Dr. Victor Williams

MEMBERS ABSENT

Dr. Michael Pollock
Dr. John Cone
Colonel Winford Phillips
Dr. Ronald Robertson
Dr. Paul Halverson
Dr. Timothy Calicott
Carrie Helm
Lorrie George

GUESTS

Terry McCormack
Bo Ryll
Carla McMillan
Kellie Lisenby
Rod Barrett
Vickie Morgan
D'borai Cook
Michael Sutherland
Don Adams
Denise Carson
Donna Parnell-Beasley
Theresa Jordan
Laura Guthrie
Ron Woodard
Joseph Fultz
Gary McCracken
James W. Eubanks III (Trey)

STAFF

Dr. Todd Maxson
Bill Temple
Brian Nation
Gordon Reeve
Donnie Smith
Lynda Lehing
Renee Mallory
Ricky Hogan
Marie Lewis
Austin Porter
Norajeane Miles Harrell
Jim C. Brown

I. Call to Order – Dr. James Graham, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, April 20, 2010, at 3:00 p.m. by Dr. Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and TAC members.

III. Approval of Draft Minutes From the March 11, 2010 Meeting

The TAC reviewed the March 11, 2010 minutes. K.C. Jones made a motion to approve the minutes. The motion was seconded by Jamie Carter. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Staffing

There have been no new hires since the previous TAC meeting. However, interviews for the Trauma Section Chief have been completed and an announcement should be forthcoming within the next couple of weeks.

Grants

Seventy-two hospitals have submitted intent letters. Sixty-two have submitted grant packages and 30 have been paid.

Of 117 eligible emergency medical service providers, 107 have submitted grant packages. Thirty nine EMS providers have been paid to date.

Of the 33 eligible training sites, 28 have sent in grant applications. Six have been paid to date. It is noted that five sites have declined funding.

Arkansas Trauma Call Center Update

Two proposals were submitted in response to the Request for Proposals. A review committee of five has been selected and these individuals will meet on April 22nd to score the proposals.

Communications System

The Arkansas Department of Health (ADH), the Arkansas Department of Information Systems, and Motorola all continue to work toward system implementation. A survey was sent by ADH to all hospitals regarding their radio capabilities.

Other Items

Trauma Video Workshop DVDs are complete and were passed out to TAC membership at today's meeting. ADH will mail Video Workshop DVDs to hospitals and will provide web access for viewing on-line.

Poster-size checks were prepared for the EMS services and on Thursday, April 8, Governor Bebee presented them at the State Capitol. Similar checks were also sent to hospitals throughout the state which have received funding. Favorable press coverage resulted for both EMS services and hospitals.

Mr. Temple attended the Safe Streets Alliance annual meeting in Ann Arbor, Michigan last week.

Mr. Temple requested the chairs to provide summaries for the subcommittee meetings for attachment to the TAC minutes. Summaries are to be e-mailed to him at bill.temple@arkansas.gov within 10 days of the subcommittee meeting.

In order for rooms to be reserved and for timely public notice of meetings to be sent, please notify Mr. Temple by e-mail regarding when subcommittee meetings will be held. This notice should be received no later than one week prior to the subcommittee meeting, which will typically be the same day as the TAC meeting.

V. Trauma Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson thanked all for their work on the "Trauma Video Workshop" and views it as a living document. It should be helpful for hospitals in their next steps and for the overall implementation of the Arkansas Trauma System. He specifically thanked Daryl Cox at the Arkansas Department of Information Systems for all his work in producing the video.

The education event this weekend sponsored by UAMS is the first statewide trauma convention and will be held at the Peabody Hotel this Friday and Saturday. Dr. Maxson referred those interested to sign up on the UAMS website. There is one event at the Governor's mansion on Friday night with legislators invited by special invitation.

Dr. Maxson stated that registration for ATLS classes is down and requested that TAC members assist in encouraging participation.

Work continues on the designation process for hospitals. The Frequently Asked Questions (FAQ) document was approved by the Designation Subcommittee earlier today. Other documents relating to the designation process (i.e., pre-review questionnaire for Levels I & II, reviewer checklist, credentialing for reviewers, and the designation process), have been sent to Designation Subcommittee members for their review and will be discussed at a later date. When a hospital is ready for its designation visit, it should request the visit in an official letter to Bill Temple at the ADH.

VI. Personnel Shortage Presentation – Dr. Charles Mabry

Dr. Mabry's presentation was delayed until the next TAC meeting.

VII. Trauma Advisory Subcommittee Meeting Reports: – please see the attached summaries.

- Finance – Dr. Ron Robertson
- EMS – Dr. Clint Evans
- Injury Prevention – Dr. Mary Aitken
- Hospital Designation – Jamie Carter

VIII. Trauma Registry – Marie Lewis

- Web registry installation is complete. The final walkthrough of the Web Registry is scheduled for Monday, April 26. We will walk through each field with DI to be sure all requested changes have been made. Once the walkthrough is complete the Web Registry will be ready for use.
- Four one-day regional Web Registry trainings will be held June 14-17. We are currently working to schedule locations. As soon as locations are determined invitations will be sent. DI will provide the software training; Registry staff will cover the data dictionary.
- Data Dictionary training for the NTRACS hospitals will be coordinated with the individual hospitals.
- DI is currently working on the mapping for the Arkansas module for NTRACS. This module will be distributed as a patch to all of the NTRACS users. A distribution date will be provided by DI in the next week or so. Caveats are UAMS and Children's, (their mapping will need to be completed specifically and they will get a separate patch – these patches will include the upgrades to AIS 2005).
- 10 Trauma Registrar Distance Learning course DVDs have been purchased and are being distributed. ATS is reworking their courses and will not be able to provide on-site training until the fall. To prevent this from delaying hospitals startup, additional DVDs will be purchased after the first of the July.
- Work continues on the purchase order for the AAAM coding course.
- The Trauma Registry Data Dictionary, Inclusion Algorithm, and Abstract form are complete and will be posted on the ADH website next week. Information on how to find and download these items will be provided.
- Trauma Registry staff are scheduling regional site visits to meet the Trauma Registrars to give them the status of the registry, let them know about upcoming events, to answer questions, and find out more about their needs regarding the Registry.

IX. Next Meeting Date

The next TAC meeting will be held on Tuesday, May 18, 2010, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

XX. Adjournment

Dr. Graham adjourned the meeting at 4:34 p.m.

Respectfully Submitted,

Paul K. Halverson, DrPH, FACHE
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

Finance Committee of the Arkansas Trauma Advisory Council Summary from April 20, 2010

1. Funding formula for FY 11
 - a. Base funding would remain constant with no changes from FY 10 for
 - i. ADH trauma infrastructure – \$2 Million
 - ii. Injury Prevention \$ 500 K
 - iii. Hand/ Burn Care \$ 500K
 - iv. Quality Improvement \$ 125K
 - v. Rehabilitation \$ 500K
 - vi. EMS Same as FY 10
 - vii. Hospitals Same as FY 10
 - b. Additional roll-over funds will be distributed according to the following formula (estimate \$8 M)
 - i. Hospitals 50%
 - ii. EMS 15%
 - iii. Injury Prevention 15%
 - iv. System Enhancements 20%
 - c. Funds are available on an accrual basis and will be distributed (most likely) on a quarterly basis with receipt of invoices for services rendered.
2. Hospital Funding
 - a. Hospitals will submit receipt for services rendered and will attest in the request for reimbursement to the money being spent for trauma care
 - b. The hospitals will add the two “buckets” of funding together (base funding + roll-over funding) and submit one request for reimbursement from the ADH
3. Special projects – Now “System Enhancements”
 - a. A call for proposals will go out to the State for initiatives that have the potential to benefit the entire State
 - b. Specific criteria for submission will be enumerated in the RFP
 - c. A scoring mechanism is proposed that rewards
 - i. Innovation and addressing of “significant issues” facing the State trauma system
 - ii. Likelihood of success based on methodology of the proposal
 - iii. Timeliness of results
 - iv. Budget
 - d. A group of TAC members, stakeholders and regional / national experts without conflict of interest will review the proposals
 - e. The recommendations of the group will be given to the TAC and the ADH for consideration for funding

**EMS Subcommittee
Trauma Advisory Council
April 20, 2010 Meeting**

The EMS subcommittee met on April 20th at noon. A short summary of the discussion follows:

It appears EMS will receive 3.5 million this year. However, this is subject to change if the carryover varies from what is predicted. We decided on percentages for each of the areas we fund: 89 % for service grants, 7 % for education, and 4 % for the associations. These percentages will remain the same regardless of the final total divided.

With input from the training committee, we decided to make changes to the way the education funds are allocated. The funds will still go to the training sites, but they will not be limited to using these for funding EMT students. Each site can use their funds in one of four areas: basic EMT scholarships, advanced (I's and P's) scholarships, books, or equipment. We also discussed having a base rate for all training sites, and perhaps a modifier for those sites that teach all three levels. This distribution will be determined later, hopefully with further input from the training committee.

Regarding the service grants, we still feel there should be a base rate and a modifier based on total run volume. To address the issue of disparate costs associated with providing coverage in rural vs. urban areas, two options were discussed. One would involve giving rural services a modifier to their run volume, such as 1.25, and perhaps 1.5 for even more isolated services. Another involves compensating services with a depreciating formula such that, for example, the first 1000 calls are funded at x percent, while the next 1000 calls are funded at a smaller percent, and so on.

The above options raised further questions. Presently, it is the policy of the division not to release service run volume. There is also no clear cut definition of a rural vs. urban service, which will lead to further discussion on how to fairly classify services if this method is chosen.

We discussed changing the way air services are compensated. There is concern that, the way we have it presently, there are out of state services with few transports in Arkansas that would be eligible for full funding. However, there are also out of state services that do a high percentage of their total volume in Arkansas.

Our next subcommittee meeting will be Tuesday, May 18th, at 1:00 PM. It is our goal to have our proposed budget ready for full TAC approval before the next fiscal year begins.

Trauma Advisory Council
Injury Prevention Subcommittee
Meeting Agenda

Time and Date: April 20, 2010 1:00 PM

Present: Aitken, Temple, Parnell, Terrell, Jackson, Reeve, Graham, Wilkerson, Porter

The Injury Prevention Subcommittee of the TAC met to discuss ongoing plans for injury prevention within the trauma system. The committee reviewed the proposed components of the Statewide Injury Prevention Program (SIPP), including consultants, technical assistance program, and distribution of mini-grants to hospitals and other stakeholders. Guiding principles for the program including encouragement of evidence-based interventions, collaboration with existing injury prevention programs, and need for strong training and evaluation activities were discussed and agreed to. The overall plan for the program was unanimously approved by the subcommittee for recommendation to the TAC.

Hospital Designation Committee of the Arkansas Trauma Advisory Council Summary from April 20, 2010

- I. The proposed FAQ's to be submitted with all trauma designation applications was reviewed and discussed; prior to this meeting the ADH reviewed this document as well. The intent for this document entailed approving the document at this meeting, and then on a go forward basis, add to it those clarifications that may arise after the initial applications are sent to prospective designated hospitals. An electronic copy of the document would be posted on the ADH website, and as future clarifications were made, those would be posted to the document, therefore making the FAQ's an evolutionary process instead of being static. This concept was approved by the committee. Additionally, two changes were made to the document, including:

“Section VII. A. 3. b., page 32 Does the “OR” in this statement mean that a neurosurgeon is not required at a Level II center at all times? Is there a percentage of time that a facility should have a neurosurgeon?”

The last paragraph was changed to read, “It is recognized that neurosurgery coverage in the nation is limited and in rural areas is severely lacking and difficult to acquire. Therefore, these rural (MSA population less than 150,000) facilities may have this resource less than the 95% expectation for other critical services but must have at least 66% coverage given there is a TRAC-approved plan for diversion when the facility lacks resources. The outcomes of neuro-trauma patients cared for during this time of diversion should be carefully tracked and documented in the facility's PI process and available for inspection at the facility's site survey. The requirement will be a Type I deficiency.”

Additionally, a clarification was made about the percentage compliance with CEU's for nurses in trauma centers. It was changed to read, ***“Section VII. B. 3. b., page 34 Are there no ongoing educational requirements for nurses in trauma centers?”***

It is desired that the facility provide ongoing education for nurses in critical care areas such as the ED, ICU, and OR specific for trauma. This educational plan should be approved by the TMD and the TPM. The facility should be able to document on-going trauma education. For the ED nurses, 80% should be current with the educational requirements as set forth in the Rules.

II. Budget for Arkansas Trauma Designated Hospital 2011

The following points were discussed for the 2011 budget to fund hospitals in the state that seek trauma designation:

4. Funding formula for FY 11

- a. Base funding would remain constant with no changes from FY 10 for
 - i. ADH trauma infrastructure – \$2 Million
 - ii. Injury Prevention \$ 500 K
 - iii. Hand/ Burn Care \$ 500K
 - iv. Quality Improvement \$ 125K
 - v. Rehabilitation \$ 500K
 - vi. EMS Same as FY 10
 - vii. Hospitals Same as FY 10
- b. Additional roll-over funds will be distributed according to the following formula (estimate \$8 M)
 - i. Hospitals 50%
 - ii. EMS 15%
 - iii. Injury Prevention 15%
 - iv. System Enhancements 20%
- c. Funds are available on an accrual basis and will be distributed (most likely) on a quarterly basis with receipt of invoices for services rendered.

5. Hospital Funding

- a. Hospitals will submit receipt for services rendered and will attest in the request for reimbursement to the money being spent for trauma care
- b. The hospitals will add the two “buckets” of funding together (base funding + roll-over funding) and submit one request for reimbursement from the ADH